

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

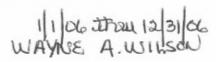
(CFA-4) **Summary Sheet** 

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

IS THIS AN AMENDMENT? Yes No	TRAPES 1	10	FOR SHIT PETTAKEN	
COMMITTEE INFORMATION	3.00			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new COMMITTEE TO ELECT WAYNE WILSON	name	STRUCTIONS PO	BESCIAL	
Acronym or Abbreviated Name (if any)	3. Committe	e Telephone Number 844-8070		
24 WILSON DRIVE	Check if this is a	a new address		
CARMEL IN 46032		DUBLICAN		
CANDIDATE INFORMATION (For Candidate's	The second second	March & Control of the Control of th	<b>发展的特殊</b>	
7. Full Name of Candidate (Include any nickname)  WAYKE ALAN WILSON	8. Party Affi	UBLICAN	nt Candidate	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County	of Residence	MICHORINA MA ROLL (II	
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY	
11. Check one:		Check one:		
Pre-Primary Pre-Election Annual Nomination Other		Pre-Convention		
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement	of Organization)	☐ Post-Cor	ention	
12. Reporting Period: From: TANUARY 1, 2006 Through: DECEMBER 31, 200	Xo a	COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		ZERO		
14. Cash on hand and investments January 1, current year.			ZERO	
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (use Schedule A)		7520		
15b. Unitemized	TOTAL	ZERO	7.500	
	TOTAL			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	ZERO	ZERO	
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		7.E.D.O	7500	
17b. Unitemized		ZERO	ZEro	
	BTOTAL	ZERO	ZEro	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	ZELO	ZERO	
Debts OWED BY the committee (use Schedule D)	TOTAL	2500	V-1-	
20. Debts OWED TO the committee (use Schedule E)		ZERO	<b>欧连续歌唱</b>	
23. 2340 374ED 10 tile continue lase conedule E)			D>	
CERTIFICATION Signature on File			FOR OFFICE USE ONLY	





State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
Page	2	of	10	NA SW

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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Contributor's Occupation (if required)	the state and other succession	cost eres to note	/	KOITAGUOOK
	Contributions; Direct In-Kind (describe)	/		NOO RO BITY
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Contributor's Occupation (if required)	/		bohen podreger	and suffering a
3. mole to co-pretered book-vigorous anoma	Contributions:  Direct In-Kind (describe)	R-TO-DATE E	SY SVITATUM:	OLUMNI B C
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Contributor's Occupation (if required)	/	ne contribution ed		10101011
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Contributor's Occupation (if required)		Tatro outA A	Approximation and	o le le bear
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1/1/04 ithen 12/31/06 WAYNE A. WILSON



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER			
Page	3	of	10	000

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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		Other Receipts:  Interest Logn Misc. (specify)	S STAG-OT-SATE: E	SY SVITAJUNUUS SE	E VENULOO
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1/1/06 thow 12/31/06 WAYNE A. WILSON



## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# ULAYNE A. WILSON

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page_	5 of 10	ш		

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1-1-04 thou 12/31/06 WAYNE A. WILSON



## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES III OL TITAL 123166

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page_	7	_ of	10		

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A	COLUMN B CUMULATIVE	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	AMOUNT THIS PERIOD	YEAR-TO-DATE	EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFAL4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Enter Text of Public Question	PUBLIC QUESTIC	N INFORMATION	Cale Maria de Tra		
Type of Question: Statewide Position: Supported Oppose					MAKETYSKY
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# WAYNE A. WILSON (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page _	9	of 10	3.1		

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER					
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Page _	10	_ of 10	nitx		

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT DATE DE		E DEBT CUMULATIVE	OUTSTANDING BALANCE THIS
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